

LOCATE DATA SHEET

Petitioner

IV-D Case

☐

TANF

☐

IV-E Foster Care

☐

Medicaid Only

☐

Former Assistance

☐

Never Assistance

Non-IV-D Case:

☐

File Stamp

Respondent

To: (Agency Name and Address)

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code _____ State IOWA

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

☐ Non Custodial Parent Information ☐ Custodial Parent Information ☐ Possibly Dangerous

Name (First, Middle, Last)

Social Security Number(s)

☐

Alias

☐

Maiden Name

☐

Mother's Maiden or Father's Name

Current Spouse's Name (First, M, Last)

Date Of Birth (or approximate year)

Place Of Birth (City, State, County)

Driver's License Number/State

Sex

Race

Hair

Eyes

Height

Weight

Distinguishing Marks, Scars, Tattoos, Glasses, Etc.

Last Known Address -- ☐ Residence ☐ Mailing

☐ Confirmed
Date _____

Telephone: (_____) _____

Usual Occupation/Professional Licenses

Last Known Employer (Name, Full Address, Federal EIN)

☐ Confirmed
Date _____

Telephone: (_____) _____

Other Information, Including Assets, Education, Police Record, Public Assistance History

Employment

Wage Qtr _____

Wage Year _____

Attachments: ☐ Photograph

☐ Other Items, e.g. Fingerprints

Wage Amount _____

Date

Initiating Contact Person (Print or Type)

(_____) _____

Telephone Number & Extension

E-Mail

Fax Number